

ROUTING AND TRANSMITTAL SLIP

TO: (Name, Office Symbol, Room Number,
Building, Agency/Post)

Date _____

4.

5.

File
For Clearance
For Correction
For Your Information
Investigate
Justify

Note and Return
Per Conversation
Prepare Reply
See Me
Signature
Other

Re:

Affidavit (indicate type)

- Untimely
- Failure to Exhaust
- Res Judicata
- Other

Claimant's Name:

SSN:

DO NOT use this form as a RECORD of approvals, concurrences, disposals, clearances, and similar actions

FROM: (Name, Org. Symbol, Agency/Post)

Room Number--Building

Phone Number

OPTIONAL FORM 41 (Rev. 7-76)
Prescribed by GSA
FPMR (41 CFR) 101-11.206

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